

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Tim Scarbrough					Registration Number, if PAC		
Street Address 285 Reinhard Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 8	D 2 1	Y 1 7	Amount 100.00	
Full Name of Contributor Scott Stockman					Registration Number, if PAC		
Street Address 221 S Sylvan Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0 8	D 2 1	Y 1 7	Amount 150.00	
Full Name of Contributor William Mohr					Registration Number, if PAC		
Street Address 2567 Westmont Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 8	D 2 1	Y 1 7	Amount 250.00	
Full Name of Contributor Adam Friedman					Registration Number, if PAC		
Street Address 1292 S 4th St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 8	D 2 1	Y 1 7	Amount 50.00	
Full Name of Contributor Carolyn Casper					Registration Number, if PAC		
Street Address 2545 Northwest Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 8	D 2 1	Y 1 7	Amount 100.00	
Full Name of Contributor Leo Almedia					Registration Number, if PAC		
Street Address 3862 Abbie Lakes Dr		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 8	D 2 1	Y 1 7	Amount 35.00	
Full Name of Contributor Michael Joyce					Registration Number, if PAC		
Street Address 2561 Chester Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 8	D 2 1	Y 1 7	Amount 100.00	
Full Name of Contributor Maddy Lomax-Vogt					Registration Number, if PAC		
Street Address 331 Chittenden Ave, Apt C		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 8	D 2 1	Y 1 7	Amount 25.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]